

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1							
2		1		1						
3	1		1							
4		1		1						
5	1		1							
6			1							
7	1		1							
8		1		1						
9	40		60							
10	80		0							
11	100		0							
12	0		0							
13	0		0							
14	80		0							
15	0		0							
16	0		0							
17	0		0							
18	0		0							
19	0		0							
20	0		0							
21	20		0							
22	0		0							
23	0		0							
24	0		0							
25			1							
26	1		1							
27	1		1							
28	1		10							
29	12		18							
30										
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46										
47										
48										
49										
50										
TOTAL IND.	44									
TOTAL DEP.	4336									
TOTAL CLAIMS	44									
40										
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										